

MICHIGAN DEPARTMENT OF AGRICULTURE
LABORATORY DIVISION – MOTOR FUELS QUALITY UNIT
P.O. Box 30017, Lansing, Michigan 48909

LICENSE FEE**\$100.00**

FOR THE LICENSE YEAR
ENDING NOVEMBER 30, 2004

**APPLICATION FOR
GASOLINE RETAIL OUTLET LICENSE**

Region	Type
Client No.	Co. Code

Filing of this completed application and fee is required of gasoline retailers by Act 44, P.A. 44 of 1984, to obtain a license.

This license is non-transferable. A change in ownership or location will require a new license.

NAME UNDER WHICH BUSINESS WILL OPERATE			FEDERAL EMPLOYER ID# _____ OR MICHIGAN TREASURY # _____	
BUSINESS ADDRESS (street & no., box no., RFD)			Is establishment a seasonal gasoline business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY	STATE	ZIP CODE	Dates of Operation:	
BUSINESS PHONE NUMBER AREA CODE ()		COUNTY	NUMBER OF: _____ Quantity	
MAILING NAME AND ADDRESS (if different from above)			Dispenser Hoses: _____	
			Grades of Gasoline: _____	
			Grades of Diesel Fuel: _____	
			IS THIS A CHANGE OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Date Ownership Changed/ or Will Change: _____	

TYPE OF OWNERSHIP (Complete Only One, i.e. If you have a corporation, complete corporation section.)

***Application CANNOT be processed without date(s) of birth. **Home address must be different than business address. If the same, state that.**

INDIVIDUAL (Single Owner)		JOINT TENANT (i.e. husband & wife)	
OWNER'S NAME	HOME PHONE	NAME OF TENANT	NAME OF TENANT
OWNER'S HOME ADDRESS**		TENANTS' HOME ADDRESS**	TENANTS' HOME PHONE
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DATE OF BIRTH*		DATE OF BIRTH*	DATE OF BIRTH*
PARTNERSHIP or LIMITED LIABILITY CORPORATION		CORPORATION	
LIMITED LIABILITY CORPORATION NAME		NAME OF CORPORATION	
NAME OF PARTNER	NAME OF PARTNER	MAIN OFFICE PHONE	
HOME ADDRESS**	HOME ADDRESS**	MICHIGAN RESIDENT AGENT'S NAME	PRESIDENT'S NAME
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	REGISTERED OFFICE ADDRESS	PRESIDENT'S HOME ADDRESS**
HOME PHONE	HOME PHONE	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
DATE OF BIRTH*	DATE OF BIRTH*	DATE OF BIRTH*	DATE OF BIRTH*

I certify the above information to be accurate and complete.

X

Authorized Signature & Title (THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE.)

X

Date

Make remittance payable for the exact amount of **\$100** to **STATE OF MICHIGAN** and mail to:

**Michigan Department of Agriculture
Laboratory Division – Motor Fuels Quality Unit
P.O. Box 30017
Lansing, Michigan 48909**

REFUND POLICY:

Refunds under \$10 will not be processed unless requested in writing.